Mail to: IECDB

510 East 12th, S 2008

Des Moines, Iowa 50319 Or Fax: (515)281-4073

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FORM
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For office use only

Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement
Name: Chet Culver
Please type or print legibly
Agency or department: Governor's Office
Position held: Governor of Iowa
Statewide office sought (non-incumbent cardidates only):
This statement is for Calendar Year 20 67. Check if this is an anended statement. This statement is required to cover the calendar year preceding the year the report is due.
General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.
* * * * * * * * * * * * * * * * * * * *
Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.
1. Governor, State of lowa
2.

Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be tisted. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.

1. Securities. List any company in which you owned securities

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	ommunity Choice Credit Union
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Тг	ists. State the nature or type of the trusts.
Ke	I Estate. List the nature of real estate interests including an interest from which income wi
ive:	from the selling of property. Do not list the location, address, or legal description
	:
	irement Systems. List the name of the employer/sponsor of any retirement benefit system
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Part C. Certified Signature.

I certify that this statement is true and accurate to the best of my knowledge. I understand that I am subject to potential civil and criminal penalties for failing to file an accurate statement or for failing to file this statement by the required due date.

Signature of person (iling statement)

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